Phone:
(803) 725-7153

U. S. Department of Energy
National Environmental Training Office (NETO)
Training Request Form

NETO
NATIONAL ENVIRONMENTAL TRAINING OFFICE
U.S. Department of Energy

www.em.doe.gov/neto

Note: Please register early. Courses are subject to cancellation for lack of interest, so check with us especially before traveling to course offerings. All applications will be screened prior to registration confirmation.
*We cannot screen your application unless **ALL** information is filled in below.*

You may cancel your registration up to 5 working days before the training. If you cancel after then no refund will be issued, however, you many send a substitute. All cancellations must be received in writing.

Course No.:	Hours:	Course Title:		Tuition:

Class Time:	Start Date: _____ End Date: _____	Location:

ATTENDEE INFORMATION

Name (First, MI, Last) ☐ Mr. ☐ Mrs. ☐ Ms.	Title
Phone	Fax
E-mail	Social Security # (optional) *May be needed for access to DOE training facility.*
Company Name	
Address	Dept./Bldg. - Mail Stop
City	State	ZIP + 4

Associated Government Agency ☐ DOD ☐ DOE ☐ EPA ☐ NRC ☐ State ☐ Other

Privacy Act Statement
- Authority - The Government Employees Training Act of 1958 (US Code, Title 5, Sections 4101 to 4118).
- Principle Purpose - To obtain the authorization necessary for training.
- Routine Uses - To document request for training and show approval and authorization by supervision.
- Disclosure - Mandatory. Failure to provide this information may result in incomplete training records.

PAYMENT METHOD   *(NOTE: If payment is not received we can not confirm registration. Payment is due before the start date.)*

*** If paying by check or purchase order, please send this form via facsimile to (803) 725-6828.***

Total Amount Due: _____

☐ Check payable to : ARTI   ⟶

☐ SF182 or Purchase Order # _____
(Forward SF182 or purchase order with completed Training Request Form)

Mail payments to: ARTI, Attn: NETO Registrar, P. O. Box 642, Aiken, SC 29801-2634

*** If paying by credit card, please send this form via facsimile to (865) 725-6828.***

Total Amount Due: _____ Charge to: _____ Card Number Expiration Date: _____ ☐ VISA ☐ Master Card ☐ Discover ☐ American Express	Billing Information: ☐ Same as above Cardholder's Name: _____ Address: _____ _____ City: _____ State: _____ Zip Code: _____

Comments:

For NETO use only:	IMPS Initial/Date	Registrar Initial/Date	Verification Initial/Date